**WSU CSC Laboratory Safety Compliance Procedure (LSCP) for Chemical Hazards**

The Wayne State University (WSU) Office of the Vice President for Research (OVPR) has charged the Wayne State University Chemical Safety Committee (WSU-CSC) to develop, recommend, update, and maintain procedures applicable to chemical hazards and safety practices at WSU in order to promote safe research practices. In an effort to ensure that safety issues related to chemical hazards in WSU laboratories are addressed and corrected within a timely manner, the committee has established a 3- tiered Laboratory Safety Compliance Procedure (LSCP) for Chemical Hazards. This procedure outlines the process for remedial actions for non-compliance chemical safety issues identified during routine chemical hygiene inspection (CHI) or during follow-up spot check inspections.; a physical re-inspection of a space following CHI. These non-compliance issues emerge when safety procedures are not followed, or when procedures are not in compliance with federal, state, or local regulations. Laboratory safety compliance issues related to biological and radioactive hazards are covered by separate institutional oversight committees.

While the 3-tiered procedure is designed to provide a progressive compliance process, it may be by- passed in the event of an egregious finding that endangers the safety of employees or the environment. Any egregious findings will be reported to OVPR immediately for review at the discretion of The Office of Environmental Health & Safety (OEHS) Chemical Hygiene Officer (CHO). This may result in suspension of the Principal Investigator (PI)’s laboratory activities, in whole or in part, by OVPR, and the OEHS Director. Should this occur, the PI will be required to appear before the WSU-CSC (or an appropriate subcommittee) before laboratory activities may resume.

**Tier One**

The LSCP for Chemical Hazards is initiated at the discretion of the CHO when an issue of noncompliance is identified by OEHS and a suitable plan of action (corrective action plan, CAP) to resolve it is not in place or corrective actions described in the CAP are found not to have been performed during the follow-up spot check inspections. The CHO provides the Chair of the WSU-CSC with a report indicating the issue(s) of noncompliance, the date(s) the issue was identified, and the time frame over which the issue has not been resolved.

Note: Corrections that require infrastructure upgrades will be considered on a case-by-case basis and alternative risk mitigation strategies may be approved by the WSU-CSC (or a Subcommittee consisting of at a minimum, the Chair, the CHO, and a third committee member to be appointed by the Chair) and the OEHS Director or designated alternate OEHS representative.

Once a report is issued to the WSU-CSC, the committee may move to issue a Tier One Memorandum or defer issuance of the memorandum. If the committee wishes to defer, it must establish a rationale for deferring issuance and set a time for re-evaluation.

A Tier One Memorandum will be sent to the PI and their Departmental Chair from the WSU-CSC Chair informing them of the noncompliance issue(s); the risks associated with these issues; consequences of safety violations; and of the potential for suspension of operations. The memorandum will indicate the item(s) of noncompliance and indicate a new time frame for implementing corrective action.

A written response to the Tier One Memorandum is required. The response should contain details regarding either the corrective action taken or plans to take corrective action. Failure to respond within the stated time period (15 calendar days or a time frame determined by the committee) will escalate the memorandum level to Tier Two. Lack of corrective action within the prescribed problem-resolution period following a Tier One Memorandum will result in the issuance of a Tier Two Memorandum. If the committee wishes to defer issuance of a Tier Two Memorandum, it must establish a rationale for deferring issuance and set a time for re-evaluation.

When the item(s) of noncompliance are corrected within the specified time frame the WSU- CSC will issue a Resolution Memorandum indicating that corrective action has been taken and verified by OEHS. Since corrective action must be verified by OEHS, labs should provide sufficient time for OEHS to respond to claims of corrective action.

**Tier Two**

A Tier Two Memorandum will be sent to the PI, Department Chair, Collegiate Dean, and Associate Vice President for Research (AVPR) informing them of the noncompliance issue(s); the risks associated with these issues; consequences of safety violations; and of the potential for suspension of operations. This notice will be sent to the PI informing them that this is a repeat item of noncompliance that was not resolved in response to the Tier One Memorandum. The PI, or their representative, must provide a formal written response to the WSU-CSC and OEHS as to the reasons for a second instance of non- compliance specifying the specific barriers to complying with best practices, and/or why the previous corrective action(s) was/were ineffective and what further corrective action(s) will be implemented to prevent recurrence. In addition, the PI (or other responsible manager) will be asked, along with their Department Chair, to appear before the WSU-CSC to discuss the proposed corrective action plan. Additionally, members of the WSU-CSC may determine that a site visit of the laboratory space(s) is required. The Committee will offer recommendations and/or additional requirements to the PI to ensure future compliance.

Failure to respond within the stated time period (15 calendar days from the date of issue or as determined by the committee) will escalate the memorandum level to Tier Three.

Lack of corrective action within the prescribed problem-resolution period following a Tier Two Memorandum will result in the issuance of a Tier Three Memorandum. If the committee wishes to defer issuance of a Tier Three Memorandum, it must establish a rationale for deferring issuance and set a time for re-evaluation.

When the item(s) of noncompliance are corrected within the specified time frame the WSU- CSC will issue a Resolution Memorandum indicating that corrective action has been taken and verified by OEHS. Since corrective action must be verified by OEHS, labs should provide sufficient time for OEHS to respond to claims of corrective action.

**Tier Three**

A Tier Three Memorandum will be sent to the PI, Department Chair, Collegiate Dean, AVPR and the Vice President of Research informing them of the continuing noncompliance and recommending that the PI’s operations be suspended until corrective action is taken. The OVPR will decide on the course of action following consultation with the WSU-CSC and the Director of OEHS and will provide authority and instruction on enacting suspensions. During the suspension period, the PI and Department Chair will be instructed to appear before the WSU-CSC to explain why the operation should be reinstated and concurrently present a formal written corrective action plan.

Adapted from:

University of California, Los Angeles, [Laboratory Safety Compliance Procedure (LSCP) Implementation Plan](http://rsawa.research.ucla.edu/cpsc/laboratory-safety-compliance/)

University of Iowa, [Laboratory Safety Compliance Policy for Chemical and Physical Hazards](https://ehs.research.uiowa.edu/sites/ehs.research.uiowa.edu/files/CompliancePolicyforChemicalandPhysicalHazards.pdf)